UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspio.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

42640

7590

01/07/2005

DILLON & YUDELL LLP 8911 NORTH CAPITAL OF TEXAS HWY SUITE 2110 AUSTIN, TX 78759 EXAMINER

PAPER NUMBER

VITAL, PIERRE M

ART UNIT

DATE MAILED: 01/07/2005

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,814	11/02/2001	Scott Thomas Elliott	RPS920010100US1	7408

TITLE OF INVENTION: BATTERY-BASED SECURED STORAGE BINDING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	· \$1400	\$300	\$1700	04/07/2005

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMA  10/015,814 11/02/2001 Scott Thomas Elliott RPS920010100US1 74  TITLE OF INVENTION: BATTERY-BASED SECURED STORAGE BINDING SYSTEM  APPLN TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE  nonprovisional NO \$1400 \$300 \$1700 04/07,  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence or agents OR, alternatively,	or Transmission I is being deposited with the United ge for first class mail in an envelope address above, or being facsimile on the date indicated below.  (Depositor's name)  (Signature)	ate of mailing or transmission.	nave its own certificat			CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of add			
DILLON & YUDELL LLP  8911 NORTH CAPITAL OF TEXAS HWY SUITE 2110 AUSTIN, TX 78759  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO.  Contributed to the USPTO (703) 746-4000, on the date indicated addressed to the Mail Step ISSUE FEE address above, or be transmitted to the USPTO (703) 746-4000, on the date indicated addressed to the Mail Step ISSUE FEE address above, or be transmitted to the USPTO (703) 746-4000, on the date indicated addressed to the Mail Step ISSUE FEE Address above, or be transmitted to the USPTO (703) 746-4000, on the date indicated addressed to the Mail Step ISSUE FEE Address above, or be transmitted to the USPTO (703) 746-4000, on the date indicated indicated addressed to the Mail Step ISSUE FEE Address and the indicated addressed to the Mail Step ISSUE FEE Address Indication of Texas Address from PTO/SB1 (72) attached.  TOTAL FEE(S) DUE DATE TOTAL FEE(S) DUE TOTAL F	or Transmission I is being deposited with the United ge for first class mail in an envelope address above, or being facsimile on the date indicated below.  (Depositor's name)  (Signature)	ate of mailing or transmission.	nave its own certificat						
Septiment   Sept	l is being deposited with the United ge for first class mail in an envelope address above, or being facsimile on the date indicated below.  (Depositor's name)  (Signature)	Certificate of Mailing or Trans this Fee(s) Transmittal is bein e with sufficient postage for fir lail Stop ISSUE FEE address SPTO (703) 746-4000, on the c	Ce: I hereby certify that the States Postal Service addressed to the Mai						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMA  10/015,814 11/02/2001 Scott Thomas Elliott RPS920010100US1 74  TITLE OP INVENTION: BATTERY-BASED SECURED STORAGE BINDING SYSTEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.63).  ———————————————————————————————————	(Depositor's name) (Signature) (Date)	e with sufficient postage for fir lail Stop ISSUE FEE address SPTO (703) 746-4000, on the c	States Postal Service addressed to the Mai						
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMA  10/015,814 11/02/2001 Scott Thomas Elliott RPS920010100US1 74  TITLE OP INVENTION: BATTERY-BASED SECURED STORAGE BINDING SYSTEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.63).  ———————————————————————————————————	(Depositor's name) (Signature) (Date)	lail Stop ISSUE FEE address SPTO (703) 746-4000, on the c	addressed to the Mai		SUITE 2110				
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMA  10/015,814 11/02/2001 Scott Thomas Elliott RPS920010100US1 74  TITLE OP INVENTION: BATTERY-BASED SECURED STORAGE BINDING SYSTEM  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CPR 1.63).  ———————————————————————————————————	(Depositor's name) (Signature) (Date)		transmitted to the USF						
10/015,814	(Date)								
10/015,814									
10/015,814	T NO. CONFIRMATION NO.								
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  CFR 1.363).  CRR 1.363).  CRR 1.363).  CRR 1.363.		ATTORNEY DOCKET NO.	D INVENTOR	· FIRST NAME	FILING DATE	APPLICATION NO.			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE  nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (37 CFR 1.363).  The Address form PTO/SB/122 (37 Each address) Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication form Indication for Indication for Indication form Indication for Indication	US1 7408	RPS920010100US1	nas Elliott	Scott Tho	11/02/2001	10/015,814			
APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE  nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (37 CFR 1.363).  The Address form PTO/SB/122 (37 Each address) Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication (or "Fee Address" Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication form PTO/SB/12 (38 Each address) Indication form Indication for Indication for Indication form Indication for Indication			TEM	AGE BINDING SYS	ERY-BASED SECURED	TITLE OF INVENTION: BAT			
nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    Susue Fee			I Livi	AGE BINDING 313	ERT-BASED SECOREL	TITLE OF INVENTION. BAT			
nonprovisional NO \$1400 \$300 \$1700 04/07.  EXAMINER ART UNIT CLASS-SUBCLASS  VITAL, PIERRE M 2188 711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignce category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    Susue Fee									
EXAMINER   ART UNIT   CLASS-SUBCLASS	UE DATE DUE	TOTAL FEE(S) DUE	PUBLICATION FEE	ISSUE FEE	SMALL ENTITY	APPLN. TYPE			
EXAMINER   ART UNIT   CLASS-SUBCLASS	04/07/2005	\$1700	\$300	\$1400	NO NO	nonprovisional			
VITAL, PIERRE M  2188  711-163000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address or indication form pto/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents. If no name is registered attorney or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agents. If no name is 3 signed is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Abetek in the amount of the fee(s) is enclosed.  Payment of Fee(s):  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any over Deposit Account Number  Cenclose an extra copy of this for the fee of this form status indicated above)	0 11077 <b>2</b> 000	¬		•		•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Graph of Correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Graph of Correspondence address (or Change of Correspondence Address fundication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Graph of the patent attorneys or agents. If no name is 1 is tentified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Graph of the patent attorneys or agents. If no name is 1 is tentified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Graph of the patent attorneys or agents. If no name is 1 is registered patent attorneys or agents. If no name is 1 is registered patent attorneys or agents. If no name is 1 is registered patent attorneys or agents. If no name is 1 is registered patent attorneys or agents. If no name is 1 is registered patent attorn					•				
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):    Individual   Corporation or other private group entity			/11-163000						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The proof of agents of a customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  [Absolute of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  [Absolute of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  [Bost of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  [Country of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  [Country of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  [Country of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  [Country of a single firm (having as member a registered attorney or agents. If no name is listed, no name will be p					lress or indication of "Fee	<ol> <li>Change of correspondence as CFR 1.363).</li> </ol>			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  Printed on the patent attorney or agent) and the names of up to 2 registered	or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				address (or Change of Co	_ ′			
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    Issue Fee									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    Issue Fee					PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome				
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity  4a. The following fee(s) are enclosed:    Issue Fee			Γ (print or type)	D ON THE PATEN	SIDENCE DATA TO BE	3. ASSIGNEE NAME AND R			
Please check the appropriate assignee category or categories (will not be printed on the patent):  4a. The following fec(s) are enclosed:  4b. Payment of Fec(s):  A check in the amount of the fec(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fec(s), or credit any ov Deposit Account Number  5. Change in Entity Status (from status indicated above)	w, the document has been filed for	gnee is identified below, the d	ear on the patent. If an assign for filing an assignment.	ssignee data will app n is NOT a substitute	ssignee is identified belo CFR 3.11. Completion of	PLEASE NOTE: Unless an recordation as set forth in 37			
Please check the appropriate assignee category or categories (will not be printed on the patent):  4a. The following fec(s) are enclosed:  4b. Payment of Fec(s):  A check in the amount of the fec(s) is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fec(s), or credit any ov Deposit Account Number  5. Change in Entity Status (from status indicated above)									
4a. The following fec(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any ov Deposit Account Number  Change in Entity Status (from status indicated above)			(0	(=) -=====		(,			
4a. The following fec(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any ov Deposit Account Number  Change in Entity Status (from status indicated above)									
4a. The following fec(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any ov Deposit Account Number  Change in Entity Status (from status indicated above)	rivate group entity Government		atant) . Dradicidual De	ot be printed on the p					
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  The Director is hereby authorized by charge the required fee(s), or credit any ov Deposit Account Number  (enclose an extra copy of this for	Trace group entity 'and Coverilliciti	Corporation or other private gra	atent): 🛥 muividuai 🖵 C	· · · · · · · · · · · · · · · · · · ·	gnee category or categorie	Please check the appropriate as			
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any ov Deposit Account Number (enclose an extra copy of this for 5. Change in Entity Status (from status indicated above)	Trate group entity - Oovertiment	Corporation or other private gr		4b. Payment of					
Deposit Account Number (enclose an extra copy of this for 5. Change in Entity Status (from status indicated above)	Trans Group energ		Fee(s):	~		4a. The following fee(s) are end			
5. Change in Entity Status (from status indicated above)	Trace group entity - Government	enclosed.	Fee(s): in the amount of the fee(s) is er	A check	entity discount permitted)	4a. The following fee(s) are end Issue Fee Publication Fee (No sma			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)	ee(s), or credit any overpayment, to	enclosed.  138 is attached.  charge the required fee(s), or	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203: ector is hereby authorized by c	A check Payment The Dire	entity discount permitted)	4a. The following fee(s) are end Issue Fee Publication Fee (No sma			
	ee(s), or credit any overpayment, to	enclosed.  138 is attached.  charge the required fee(s), or	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203: ector is hereby authorized by c	A check Payment The Dire	entity discount permitted)	4a. The following fee(s) are end Issue Fee Publication Fee (No sma Advance Order - # of Co			
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or interest as shown by the records of the United States Patent and Trademark Office.	ee(s), or credit any overpayment, to n extra copy of this form).	enclosed.  138 is attached.  138 charge the required fee(s), or (enclose an extra c	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-2038 ector is hereby authorized by count Number	A check Payment The Director Accordance	entity discount permitted) ies n status indicated above)	4a. The following fee(s) are end Issue Fee Publication Fee (No sma Advance Order - # of Co			
Authorized Signature Date	ce(s), or credit any overpayment, to n extra copy of this form). See 37 CFR 1.27(g)(2).	enclosed.  138 is attached.  138 charge the required fee(s), or charge an extra compared feels.  138 charge the required fee(s), or charge the required feels.	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203s ector is hereby authorized by count Number eant is no longer claiming SMA	A check Payment The Director of the Control of the	entity discount permitted) ies  n status indicated above) LENTITY status. See 37 quested to apply the Issue ation Fee (if required) wil	4a. The following fee(s) are end Issue Fee Publication Fee (No sma Advance Order - # of Co  5. Change in Entity Status (fr a. Applicant claims SMA The Director of the USPTO is r NOTE: The Issue Fee and Publ			
Typed or printed name Registration No	see(s), or credit any overpayment, to n extra copy of this form). See 37 CFR 1.27(g)(2). e application identified above. ent; or the assignee or other party in	enclosed.  238 is attached.  charge the required fee(s), or (enclose an extra charachara characharacharacharacharac	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-2030 ector is hereby authorized by count Number eant is no longer claiming SMA may) or to re-apply any previous the other than the applicant; a reg	A check Payment The Director of the Control of the	entity discount permitted) ies  n status indicated above) LENTITY status. See 37 quested to apply the Issue ation Fee (if required) will of the United States Patent	4a. The following fee(s) are end.  Issue Fee Publication Fee (No sma.) Advance Order - # of Co.  Change in Entity Status (fr.) a. Applicant claims SMA. The Director of the USPTO is r. NOTE: The Issue Fee and Publinterest as shown by the records.			
This collection of information is required by 27 CED 1.311. The information is required to obtain or rate in a handli by the public which is to file (and by the LICE).	ee(s), or credit any overpayment, to n extra copy of this form).  See 37 CFR 1.27(g)(2).  e application identified above. ent; or the assignee or other party in	enclosed.  238 is attached.  charge the required fee(s), or (enclose an extra control of the con	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203: ector is hereby authorized by count Number  eant is no longer claiming SMA any) or to re-apply any previousic e other than the applicant; a reg	A check Payment The Director of the Deposit Acceptation Fee (if an accepted from anyon demark Office.	entity discount permitted) ies  n status indicated above) LENTITY status. See 37 quested to apply the Issue ation Fee (if required) wil of the United States Patent	4a. The following fee(s) are end Issue Fee Publication Fee (No sma Advance Order - # of Co  5. Change in Entity Status (fr a. Applicant claims SMA The Director of the USPTO is r NOTE: The Issue Fee and Publinterest as shown by the records			
an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, resubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Co Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.	See(s), or credit any overpayment, to n extra copy of this form).  See 37 CFR 1.27(g)(2).  The application identified above, ent; or the assignee or other party in	enclosed.  238 is attached.  charge the required fee(s), or enclose an extra c  ALL ENTITY status. See 37 C  asly paid issue fee to the applicate of the state of	Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-2030 ector is hereby authorized by count Number eant is no longer claiming SMA may) or to re-apply any previous e other than the applicant; a reg  Date  Registration	A check Payment The Director of the Control of the	entity discount permitted) ies  n status indicated above) LENTITY status. See 37 quested to apply the Issue ation Fee (if required) will of the United States Patent	4a. The following fee(s) are end Issue Fee Publication Fee (No sma Advance Order - # of Co  5. Change in Entity Status (fr a. Applicant claims SMA The Director of the USPTO is r NOTE: The Issue Fee and Publinterest as shown by the records Authorized Signature Typed or printed name			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.



### United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,814	11/02/2001	Scott Thomas Elliott	RPS920010100US1	7408
42640	7590 01/07/2005		EXAM	INER
DILLON & YU		177	VITAL, PIERRE M	
SUITE 2110	APITAL OF TEXAS HV	VY	ART UNIT	PAPER NUMBER
AUSTIN, TX 78	759		2188	
			DATE MAILED: 01/07/2005	5

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 482 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 482 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.